PATER	APPLICA	85, no persons are required to TION FEE DETERMIN IDENTIFY BY 10-876	respond to a collection of the	Hormation unless	U.S. DEPARTM	PTO/SB/06 (06 2006, ONUB 0651-0 ENT OF COMMER OMB COMMER	(02 (XE
			A STANKE WELFTHE	·	Vabilication or Doc	Win tornog artic	<u></u>
CLAIMS AS FILED - PART I (Column 1) (Column 2)					140	550	7
	5MALL	ENTITY	OR O	THER THAN	Ţ.  -		
BASIC FEE NUMBER FILED		LED NUMBER EXTR			NS.	ALL ENTITY	•   •
(37 CFR 1.16(a))	1	:.	RATE	FEE	PATE		٦.
TOTAL CLAIMS (37 CFR 1.16(c))	· · · · · · · · · · · ·	us 20 = .		1	OR	FEE	-
INDEPENDENT CLAIMS (37 CFR 1.16(b))			X \$ =		OR XI		-
		16 3 e	X \$=			:-	_ .
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				'	OR X1	.=	٠ [ ٠
* If the difference in column 1 is less than zero, enter *0* in column 2.			[ <del>+</del> \$		OR Law	=	7
CLAIMS AS AMENDED - PART II			TOTAL		OR TOTAL		٦,
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<u> </u>	Minu:	<u> </u>	x s(00=	OR		<u> </u>	
FIRST PRESENTATION C	OF MULTIPLE DEPEN	DENT CLAIM (37 CFR 1.16(d))		OR	- x 1200=		:
			+\$/80= TOTAL	OR	+.360		
		• .:	ADD'L FEE	OR.	TOTAL ADD'L FEE		
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i iaiw	AINING ""	HICHEST PRESENT	RATE	ion	- 1 sept 1		
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G7 OFR 1.16/AU	. Minus	•••	X 5	OR OR	x.s= .		
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		TO COVIM TO POPER K16(d)		OR"	ta in File differences		<b>-</b>
	•		TOTAL ADD'L FEE		TOTAL		٠.
(Colum		(Column 2) (Column 3)		OR OR	ADD'L FEE		
CLAI REMAI	NING	HIGHEST PRESENT			**. is:i.		•
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			TOTAL	OR L	+ \$ =		
If the entry in column 1 is h	ess than the entry to	n column 2, write 10° kg column	ADO'L FEE	OR	ADD'L FEF		

ADD'L FEE OR ADD'L FEE

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" (IN THIS SPACE is less than 3, enter "3".

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the Including patheding, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS